

A DIVISION OF



GENERAL INFORMATION

INSTRUCTIONS: All questions must be answered. If questions are not applicable they should be identified "NA".

If the answer is none, state "NONE". Enter an "X" in appropriate blocks on Yes/No questions.

COMPANY NAME: Monroe Institute of Applied Sciences

MAILING ADDRESS:	STREET	CITY	STATE	ZIP CODE	TELEPHONE
P.O. Box 130		Nellysford	VA	22958	804-361-1252

PLANT ADDRESS:	STREET	CITY	STATE	ZIP CODE	TELEPHONE
Rt. 1 Box 175		Faber	VA	22938	804-361-1252

TYPE OF OWNERSHIP: Proprietorship Corporation Subsidiary*
 Partnership Division* Affiliate*

*Give details by attachments if you control and/or are controlled by other companies, and degree of independence.

PERSONNEL: TITLE **NAME**

PRESIDENT OR OWNER(S) President: Robert A. MonroeGENERAL MANAGER Director of Administration: R. F. KorbesmeyerQUALITY CONTROL MGR. None

PERSON TO CONTACT

Name and Title _____

SALES REP Nearest McDonnell Douglas Electronics Company (MDEC)

Name Address Phone Mr. Bo Witt, MDEC

TYPE OF BUSINESS	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Engineering	<input type="checkbox"/> Services
	<input type="checkbox"/> Distributor/Mfg. Rep.	<input type="checkbox"/> Processor	<input checked="" type="checkbox"/> Other

YEARS IN BUSINESS <u>Eleven (11)</u>	SQUARE FEET <u>MFG None</u>
NUMBER OF PLANTS _____	TOTAL _____

CLASSIFICATION Small This answer must take all employees into consideration, including those of subsidiaries and parent company (small business is less than 500 employees).
 Large
 Woman Owned Business

IF APPLICABLE, INDICATE MINORITY GROUP OWNING OR CONTROLLING COMPANY

- | | |
|---------------------|-------------------------------|
| () BLACK | () SPANISH SPEAKING AMERICAN |
| () PUERTO RICAN | () AMERICAN-ORIENTAL |
| () AMERICAN INDIAN | () AMERICAN ESKIMO/ALEUT |

NUMBER OF EMPLOYEES	Total <u>12</u>	Engineering <u>3</u>
	Production <u>0</u>	Other <u>9</u>

UNION	<input checked="" type="checkbox"/> None	Present Contract
AFFILIATION	<input type="checkbox"/> Yes, With	Expiration Date _____

Do you have a Small Business Program?	<input type="checkbox"/> Yes	List by attachment any Trade Names or Trade Marks <u>HEMI-SYNC, Gateway, Discovery, Mentronics</u>
	<input checked="" type="checkbox"/> No	
Do you have procedures for controlling, identifying, protecting MDEC/Govt. furnished property?	<input type="checkbox"/> Yes	
	<input checked="" type="checkbox"/> No	

EXPERIENCE

Is your management familiar with the Armed Services Procurement Regulations (ASPR)?	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> No

Have you performed work under U.S. Government prime contract?	<input type="checkbox"/> Yes	Subcontract? <input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No

If yes, attach a list of customers, descriptions, dates, and contract amounts.

List the products which you have advanced beyond the general technology of your industry.

Method and technique of inducing sleep and relaxation by the use of sound patterns (Patent 3,884,218).

QUALITY CONTROL

Do you understand Quality Control as required for aerospace or Govt. work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have written Q. C. Procedures for all phases of operation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you maintain a system for tool and gage calibration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is your tool and gage calibration system traceable to the Nat'l. Bureau of Standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is a Written Q. C. Manual or Procedures Manual available and maintained for use by all Inspection Personnel?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is your Q. C. Dept based on:	<input type="checkbox"/> MIL-Q-9858A <input type="checkbox"/> MIL-I-45208A
Government (Source) Inspection by:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Itinerant	Resident Specify Agency.	<input type="checkbox"/> MIL-C-456662A <input type="checkbox"/> NAS200 <input type="checkbox"/> None

FINANCIAL RESPONSIBILITY

Company Net Worth \$	Private Data	Present Backlog \$	Government _____ % Commercial _____ %
Date			
Have your purchasing procedures been approved by an Armed Service Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is your present approx. \$ Engr. \$ Machine Hourly Rate: \$ Tooling \$ Assembly	
Have your Labor Rates been approved by an Armed Service Agency?	Direct Labor <input type="checkbox"/> Yes <input type="checkbox"/> No	Overhead Yes <input type="checkbox"/> No <input type="checkbox"/>	Gen. & Admin. <input type="checkbox"/> Yes <input type="checkbox"/> No
Sales last three years: Amount \$ Year	Amount \$ Year	Amount \$ Year	

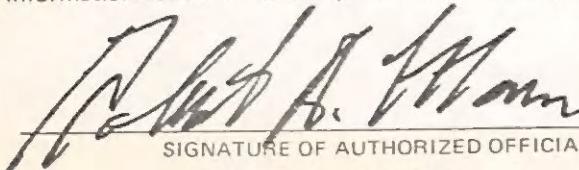
CHECK LIST OF ITEMS NECESSARY TO FULLY EVALUATE YOUR COMPANY

ITEM	ATTACHED	AVAILABLE IN 30 DAYS	LATER DATE AVAILABLE
Manufacturing Equipment list showing type, age condition and work size accommodated -----	Not applicable	-----	-----
Annual Report or Financial Statement -----	Private Data	-----	-----
List of customers, descriptions, dates, and contract amounts -----	Proprietary	-----	-----
Any lists, brochures, catalogs, charts, pictures to illustrate your capabilities in aerospace field -----	x	-----	-----
Description of relationship between parent company and/or subsidiary, such as, wholly owned, and degree of independence -----	Private Data	-----	-----
Current company organizational chart -----	Private Data	-----	-----

LIST HERE OR BY ATTACHMENTS THE PRODUCTS OR SERVICES YOU WANT TO SUPPLY MDEC INCLUDING STANDARD INDUSTRIAL CLASSIFICATION NUMBERS IF KNOWN

The utilization of the HEMI-SYNC Process in various applications based upon the patented process.

The information contained in this questionnaire is complete and accurate in all details to the best of my knowledge and belief.



SIGNATURE OF AUTHORIZED OFFICIAL

Robert A. Monroe

President

TITLE

7-13-82

DATE